DOCUMENT RESUME

ED 391 305 EC 304 554

AUTHOR	Muscott, Howard S.; And Others
TITLE	Planning and Implementing Effective Programs for School-Aged Children and Youth with Emotional/Behavioral Disorders within Inclusive Schools. From the Mini-Library Series on Emotional/Behavioral Disorders.
INSTITUTION	Council for Children with Behavioral Disorders.
REPORT NO	ISBN-0-86586-269-9
PUB DATE	96
NOTE	57p.; For other related documents in this series, see EC 304 550-556.
AVAILABLE FROM	Council for Children with Behavioral Disorders, 1920 Association Dr., Reston, VA 22091-1589 (Stock No. D5134, $11.40, nonmembers, $8 members; $72 set, nonmembers, $50.40 set, members).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Behavior Disorders; Change Strategies; Classroom Techniques; Delivery Systems; Educational Change; *Educational Planning; Elementary Secondary Education; *Emotional Disturbances; *Inclusive Schools; Mainstreaming; *Program Development; School Community Relationship

ABSTRACT

This monograph provides a structured planning process and information on best educational practices for serving students with emotional/behavior disorders (E/BD) placed in general education classrooms. After an introductory chapter, the guide: (1) addresses the controversy concerning inclusion for students with emotional/behavioral disorders; (2) considers the challenges involved in inclusion of these students and attempts to reframe the challenges as indicators of some of the problems present in the current educational system; (3) introduces a planning process for preparing schools and students for inclusion; (4) explains the four phases of the planning process (gain school and community support and commitment for inclusion, develop school-wide organizational structures that support inclusion, design and deliver classroom-based instruction to support inclusion, and evaluate program effectiveness); (5) offers two case studies to illustrate application of the planning process; and (6) notes both the difficulties in providing services to students with E/BD and the growing knowledge about how to plan and implement effective programs for students with E/BD in inclusive schools. (Contains 128 references.) (DB)

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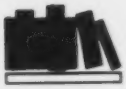

From the Mini-Library Series on
Emotional/Behavioral Disorders

Planning and Implementing Effective Programs for School-Aged Children and Youth with Emotional/ Behavioral Disorders Within Inclusive Schools

Howard S. Muscott
Rivier College
Daniel P. Morgan
Utah State University
Nancy B. Meadows
Texas Christian University

Council for Children with Behavioral Disorders

Published by
The Council for Children
with Behavioral Disorders

1996

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About the Council for Children with Behavioral Disorders

CCBD is an international professional organization committed to promoting and facilitating the education and general welfare of children/youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

About This Monograph

Stock No. D5134, ISBN 0-86586-269-9

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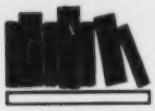
Printed in the United States of America
10 9 8 7 6 5 4 3 2



About the Mini-Library Series on Emotional/Behavioral Disorders

Foreword

Today, professionals are struggling to discover ways to deal successfully with a heterogeneous population of students, some of whom are especially difficult to manage and instruct. No other group of youngsters poses a greater challenge than those variously labelled "seriously emotionally disturbed," "behaviorally disordered," or "emotionally/behaviorally disordered." These children and youth manifest a combination of social, academic, and behavior problems that require not only powerful individual strategies but also effective program options. Fortunately, there is a growing body of knowledge regarding what constitutes quality practices for students with emotional/behavioral disorders (E/BD).

This mini-library series targets the most crucial issues and concerns regarding these children and youth. It covers the needs of students of various ages who are being served in different programs and settings and who demand diverse policy considerations. The mini-library derives from the 1995 international conference sponsored by the Council for Children with Behavioral Disorders. The seven monographs and their authors are

- *Best Practices for Managing the Behavior of Adolescents with Emotional/Behavioral Disorders Within the School Environment*
  Beverley H. Johns, Eleanor C. Guetzloe, Mitchell Yell, Brenda Scheuermann, Jo Webber, Valerie G. Carr, and Carl R. Smith
- *Developing a System of Care: Interagency Collaboration for Students with Emotional/Behavioral Disorders*
  Russell J. Skiba, Lewis Polsgrove, and Karen Nasstrom
- *Early Intervention for Young Children At Risk for Emotional/Behavioral Disorders: Implications for Policy and Practice*
  Wesley Brown, Maureen A. Conroy, James J. Fox, Joseph Wehby, Carol Davis, and Mary McEvoy
- *Effective Strategies for Teaching Appropriate Behaviors to Children With Emotional/Behavioral Disorders*
  Robert B. Rutherford, Jr., Mary M. Quinn, and Sarup R. Mathur

- *Planning and Implementing Effective Programs for School-Aged Children and Youth with Emotional/Behavioral Disorders Within Inclusive Schools*
  Howard S. Muscott, Daniel P. Morgan, and Nancy B. Meadows
- *Teacher-Mediated Behavior Management Strategies for Children With Emotional/Behavioral Disorders*
  Sarup R. Mathur, Mary M. Quinn, Robert B. Rutherford, Jr.
- *Types of Youth Aggression and Violence and Implications for Prevention and Treatment*
  Richard Van Acker

As editors, we strove to bring together information with practical value to the teachers, administrators, and other professionals who must respond to the challenges posed by children and youth with E/BD. We hope this mini-library series will contribute to your success and the success of the students with whom you work.

Lyndal M. Bullock
University of North Texas

Robert A. Gable
Old Dominion University

Series Editors

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Introduction

The *regular education initiative* (REI) of the 1980s and the *full inclusion* movement in the 1990s are transforming the way special education services are conceptualized and delivered to students with disabilities. These school reform efforts in general and special education are resulting in significant changes in policies, services, and practices for students with disabilities and their nondisabled peers. In response to immense internal and external pressures for change, schools are scrambling to redefine outcomes, restructure programs, and revamp instructional practices to more effectively educate all students in general education settings. One fundamental change taking place in many schools is the merger of general and special education into a more unified and inclusive system of schooling in which separate programs for students with disabilities are being reduced or eliminated completely.

Advocates of the REI and full inclusion believe the paradigm shift is long overdue. These educators see the changes as necessary to address the inequitable, if not discriminatory, treatment of students with disabilities and to better prepare them for postschool experiences in an integrated society. Impetus for the REI movement came from Madeleine Will (1986), then Assistant Secretary of Education, and educators such as Reynolds and Wang (see Reynolds, Wang, & Walberg, 1987) who argued that *pull-out* programs failed to meet the needs of students with disabilities and created barriers to their successful education. More recently, policy debate has shifted from the REI to the *inclusive schools movement* (ISM). Reminiscent of Dr. Martin Luther King's "I Have A Dream" speech, in which King commented that the tranquilizing drug of gradualism would not suffice as a strategy for affording civil rights to people of color, proponents of the ISM argue neither the least restrictive environment (LRE) principle embedded in the Individuals with Disabilities Education Act (IDEA) nor case-by-case inclusion is adequate to afford an appropriate education to students with disabilities. Professionals who argue for full inclusion (e.g., Lipsky & Gartner, 1989; Stainback & Stainback, 1992) call for *all* students with disabilities to be educated in general education classes, with appropriate supports to meet

that mandate *pulled-in* to the classroom itself. According to these educators, in this redefined service delivery system, there is no need for a continuum of services.

Critics of the inclusive schools movement contend that many students with disabilities will be harmed in the rush to restructure current educational practices. In response to what he deemed a move toward fanaticism and an emphasis on place over needs, Kauffman (1993) argued that substantive reform in special education could only be achieved by disaggregating special education populations, repairing and elaborating the conceptual foundations upon which the field was based, and strengthening an empirical base. Fuchs and Fuchs (1994) have cautioned advocates of full inclusion to focus their efforts on those students upon which the strongest evidence for successful inclusion exists—namely students with severe intellectual disabilities—rather than pushing inclusion for all students.

Traditionally, the focus of school restructuring has fallen on students with mild disabilities, along with those with severe intellectual limitations, rather than on students with emotional/behavioral disorders (E/BD). Recently, proponents of inclusion have asserted that *all students means all students*, including students with E/BD (e.g., Pearpoint & Forest, 1992; Stainback & Stainback, 1992). Yet many educators feel this group of students poses unique problems and more difficult challenges to general education than any other population of students. They further argue that most schools are ill prepared for this extremely difficult task of restructuring public education (Braaten, Kauffman, Braaten, Polsgrove, & Nelson, 1988; Lewis, Chard, & Scott, 1994; Meadows, Neel, Scott, & Parker, 1994; The Peacock Hill Working Group, 1991). Lewis et al. (1994), for example, note that advocates of full inclusion have generalized the movement's goals to students with other disabilities, including those with E/BD, without an empirical base to justify the generalization. Critics of full inclusion for students with E/BD fear that the *one size fits all approach* may lead to disastrous consequences for students and schools and that effective practices will be ignored in the midst of pressure for change. Speaking on behalf of students with E/BD, The Peacock Hill Working Group (1991) worry that "amid pressures for school reform and calls for the abandonment of special education, effective strategies and programs will be overlooked rather than made the basis for improvement of the practices in our field" (p. 299).

While the debate rages as to whether all students with E/BD *should and can* be fully included in their local public school, increasing numbers of these students *are* being educated there. Clearly, educating students with

E/BD in inclusive schools is a formidable task. Despite the challenges, knowledge of the components of successful programs and best practices can be of help to teachers and administrators when placement of E/BD students in the regular classroom is appropriate.

Our purpose in writing this monograph is not to accept or reject the arguments for the *full* inclusion of students with E/BD. That debate has been addressed elsewhere (see Lewis et al., 1994; O'Neil, 1995). Nor is it our intent to provide a definitive list of "best practices" for teaching students with E/BD in inclusive classrooms. Rather, our intent is to provide a structure, or planning process, along with information on best practices, that will enable educators to more effectively serve students with E/BD who are *appropriately* placed in general education classrooms. In the discussion that follows, we explore the meaning of inclusion as well as the challenges students with E/BD present to the ISM, examine a planning process for preparing schools and students for inclusion, summarize research and best practices that support the appropriate inclusion of these students in both elementary and secondary schools, and provide case studies which illustrate the process. Because there are so many questions being asked about inclusion, we have chosen to use a question and answer format in writing this monograph.

The Meaning of Inclusion for Students with Emotional/ Behavioral Disorders

2

Why is There So Much Controversy?

What does inclusion mean for students with emotional/behavioral disorders (E/BD)? Within an educational context, the term inclusion has a variety of meanings and interpretations. At one extreme, *full inclusion* can be seen as a philosophy of education in which all students with special needs, regardless of the severity of their disability, are educated in general education classrooms without any pull-out programs. In fully inclusive schools, "all" means "*all with no exceptions*." This is the position of The Association of Persons with Severe Handicaps (TASH), the group that has led the charge for full inclusion. Consistent with this perspective, The University of New Hampshire's Institute on Disability, a statewide systems change project, defines full inclusion as "all students educated in regular classrooms in their neighborhood schools and the supports provided to students and teachers so that all can be successful" (Tashie et al., 1993, p. 35).

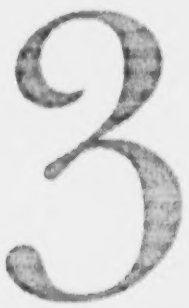
For others, full inclusion is viewed as one placement option on a full continuum of services for students with disabilities. This position reflects the thinking of the Council for Children with Behavioral Disorders (CCBD) who argue that *all* students with E/BD cannot be adequately served in general education programs. The CCBD position encompasses maintaining a "continuum of quality service options" while acknowledging "that, for some but not all E/BD students, successful integration into the regular classroom represents a reasonable expectation" (Council for Children with Behavioral Disorders, 1994, p. 1). Salient features of the CCBD position on inclusion include

- Support for the concept of least restrictive environments (LRE) and individualized decision making for students.
- Opposition to full inclusion and a commitment to a continuum of quality service options.
- Support for the inclusion of some, but not all, students with E/BD.
- The belief that the appropriate education of some students with E/BD is so complex and intrusive it mitigates against regular classroom implementation.

We believe the CCBD position is justifiable from both a legal and empirical standpoint. It takes into account both the provisions of Public Law 94-142, since amended by the Individuals with Disability Education Act (IDEA), and the research base in the field. According to federal law, a free and appropriate education (FAPE) for a student with disabilities must be an *individually derived decision* that begins with identifying each student's unique needs and translating those needs into goals and objectives on an Individualized Education Plan (IEP). In addition, *all placement decisions* must be secondary to the development of an individualized program and based on both the principles of LRE and a full continuum of services. While the law favors educating students with disabilities in general education placements, there is a clear mandate for public agencies to provide a continuum of services to meet the needs of students for whom those placements are not the LRE. Therefore, the categorical placement of all students with disabilities in general education classes without an individualized assessment of their needs and the extent to which the program in that classroom will meet their needs is not consistent with current federal law and regulations and court decisions.

We believe that inclusion should be defined on a continuum from full-time placement in general education classes (with support) to alternative classes in local schools (with supports) rather than as one placement option for all students. We believe the extent to which students are integrated for instruction and socialization with peers without disabilities should be maximized. Finally, we believe that an inclusive placement must be an individual decision based on the school's ability to meet that student's needs while supporting the student's successful academic, social, and emotional functioning.

Inclusion and Students with Emotional/ Behavioral Disorders



What Are the Challenges?

Students with emotional/behavioral disorders (E/BD) are seen by most educators as presenting the inclusive schools movement with a unique and complicated set of challenges (Bullock & Gable, 1994a). In the following paragraphs, we discuss some of these challenges and attempt to reframe them as indicators of some of the problems present in our current educational system. Later, we use the challenges as a springboard to a planning process for preparing schools and students for inclusion.

The First Challenge: Ownership of the "Problem"

Classroom teachers and school administrators have never felt comfortable educating students whose behavior challenges and disrupts the educational environment (see Heflin, Boreson, Grossman, Huette, & Ilgen, 1993; Muscott, 1994). As one secondary E/BD teacher put it, "I was told that as long as I kept my kids in my classroom, the door on the hinges, and bloodshed to a minimum, my program would be considered successful" (Cavin, 1994). Too often administrators, teachers, and support personnel believe that the responsibility for teaching students with special education labels belongs solely to the special education teacher (Meadows & Ellis, 1994).

The educational reform movement has emphasized the attitude that "It takes a whole village to educate a child" (Betances, 1993). Where children and youth with E/BD are concerned, this is simply not the case. History indicates that while some students with E/BD have been successfully taught in general education classrooms, most have not. Walker and Bullis (1990) note that when students with E/BD have been included in general education classes the results often have been disastrous. As a result, students with E/BD—particularly those who exhibit aggressive

and disruptive behaviors—typically are the first group asked to leave the regular classroom and the last group invited to return. Once referred, generally they are removed from the general education classroom and taught in separate placements. Attitudinal research reveals that students with E/BD experience the highest rejection rates of any disability category and are the least acceptable candidates for reintegration (Braaten et al., 1988; Downing, Simpson, & Miles, 1990; Landrum & Kauffman, 1992).

The Second Challenge: Teacher Preparation

As a group, classroom teachers have felt both ill-equipped and reluctant to handle the range and intensity of maladaptive behavior exhibited by students with E/BD (Martin, Lloyd, Kauffman, & Coyne, 1995). Indeed, some students with E/BD have posed a risk to others in general education classrooms especially when support is not available. Furthermore, some students with E/BD have needs so intense that there is an increased likelihood of injury when adults lack both the necessary skills and the interventions required to build relationships with them and de-escalate mounting behavioral patterns (Walker, Colvin, & Ramsey, 1995; Wood & Long, 1991). Studies show that less than half of the general education teacher population receive any course work that deals with specialized instruction (Brown, Gable, Hendrickson, & Algozzine, 1991). And in a survey of inclusive practices, special education administrators rated ineffective teacher skills as the second most significant barrier to the inclusion of students with E/BD (Cheney, 1994). Considering these facts, it is no wonder that many general education teachers feel ill-prepared to cope with the demands imposed by students with E/BD. It follows that quality preservice and in-service training focusing on attitudes and effective methodology is necessary if administrators, teachers, and support personnel are to meet the challenge of educating these students successfully *and* to feel competent in the process.

The Third Challenge: The Extreme Variability of Student Behavior and Available Resources

Research on the Cascade of Services model consistently has demonstrated that the severity of students' behavioral problems does not account for the differences in the placement of students along the continuum of services (Bullock, Zager, Donohue, & Pelton, 1985; Muscott, 1991; Peterson, Zabel, Smith, & White, 1983). Because the availability and quality of services for students with E/BD varies greatly from school to school (Muscott, 1988; Wood & Smith, 1986), that availability often drives the student's placement decision instead of the student's aca-

demic and/or behavioral needs (Cessna & Adams, 1993). As a result, many students with E/BD are unnecessarily relegated to more restrictive settings. Or, in other places, students with E/BD are dumped in general education classrooms with few or any supports for either the student or the teacher. Muscott (1991), for example, found considerable overlap in the severity of maladaptive behavior exhibited by students regardless of whether they were placed in resource rooms, special classes, special schools, or residential treatment centers. This was particularly true of secondary school placements.

Recent teacher surveys reveal discrepancies between their perceived needs and the availability of resources for inclusive practices (Martin et al., 1995; Wolery, Gessler, Caldwell, Snyder, & Lisowski, 1995). For example, one group of surveyed teachers reported that they were frustrated over the lack of services and financial resources available to meet the needs of students with E/BD (Martin et al., 1995). In a related study, general and special education teachers in elementary schools with inclusion programs both expressed a need for training and reported a lack of availability of such training (Wolery et al., 1995).

The Fourth Challenge: Differentiated Programming and the Needs of Students with E/BD

Developing differentiated curricula that meet the diverse needs of students with E/BD is a major challenge. It becomes an even greater challenge when full-time regular classroom placement for these students must be considered. Students with E/BD in full-time self-contained classrooms have been shown to demonstrate greater extremes in behavior--either being more aggressive and unable to demonstrate self-control or more introverted and withdrawn (Meadows et al., 1994). It is not surprising that students with these extreme educational needs pose a serious problem for schools moving toward more inclusive placements. If students with less extreme educational needs are not doing well in mainstreamed settings (Gable, Laycock, Maroney, & Smith, 1991), then major modifications are called for if children and youth with more serious educational needs are to succeed.

Unfortunately, available evidence suggests that the instructional modifications necessary to support successful inclusion are not commonplace. Despite current thinking that students with E/BD will need significant modifications or supports to succeed in general education classes (Ysseldyke, Thurlow, Wotruba, & Nania, 1990), research conducted in general education settings substantiates that they are rarely used. For

example, Meadows et al. (1994) found that content area teachers in one middle school used similar curricula and management techniques for all their students. According to the researchers, "mainstream or general education placement appears to represent a major reduction, if not complete cessation, of differential programming" (p. 178).

The Fifth Challenge: Reintegrating and Including Students Who Have Been Previously Excluded

The majority of students with E/BD have failed, either academically or behaviorally, in traditional classrooms prior to their placement in special education settings. They are also the least likely to experience success once they are returned to general education. Given the well documented problems of students with E/BD, many educators have argued that systematic models for reintegration and inclusion are needed to improve the poor success rates of these students in general education programs (Gable et al., 1991; Laycock & Tonelson, 1985; Muscott & Bond, 1986). However, in a national survey of educational programs for adolescents with E/BD, Epstein, Foley, and Cullinan (1992) found that while mainstreaming was the most commonly listed program feature, only one-third of the programs actually emphasized mainstreaming skills and procedures for their students.

Although often overlooked in the reintegration process, the development of peer support and friendships is seen by parents and educators as a major key to successful integration of students with disabilities into general education settings (Stainback, Stainback, & Wilkinson, 1992). Getting along with peers, making friends, and maintaining positive relationships are often difficult for students with E/BD. So they are particularly at risk for social failure when they are placed with peers who have previously rejected them. Students with E/BD need not only the skills to make and maintain friends, but also structures within their environments that maximize their chances of success. That is, they need access to potential friends, encouragement for interaction, and continuity of relationships across settings. Friendships are a necessary part of the integration process, not something that some students need and others can do without (Searcy & Meadows, 1994).

The Sixth Challenge: The Need for Wraparound Services and a Coordinated Service Delivery Plan

Students with E/BD and their families often have needs that extend beyond the school setting. It is critical that services for these students be

comprehensive and the result of collaborative efforts between educators, family, and the various agencies and community services involved. Because students with E/BD are viewed more negatively than students with other disabilities, it is often difficult to obtain sustained involvement from the various stakeholders. For example, interactions between parents and educators are often fraught with issues of blame and guilt (Coleman, 1992). Also, parents and educators might have widely differing goals for the child.

Furthermore, many students with E/BD require social services such as social welfare, juvenile justice/correctional, and mental health. If a need for these services is indicated, it is the responsibility of the educators involved with the student to ensure that these agencies are represented on the child study team. It is also important for parents to be aware of these services. In a follow-up study of adolescents with E/BD, Neel and his colleagues (Neel, Meadows, Levine, & Edgar, 1988) found that parents were often unaware of available services for their child.

Planning wraparound services for students with E/BD may also require multiple committees. For example, the student may need access to (a) interagency councils of service providers, (b) building teams such as crisis management or the child study team, (c) content-area teams (secondary) or grade-level teams (elementary), and (d) coteaching or collaborative teaching teams (Guetzloe, 1994). Some committees may be needed for long-term services, while others are accessed intermittently, or engaged to meet short-term goals. According to Guetzloe, all committees should have at least one thing in common: They should include individuals knowledgeable about students with E/BD, the services they require, and the services available to them both locally and nationally (Guetzloe, 1994).

Supporting Appropriate Inclusion

What Will It Take to Build a School's Capacity to Serve Students with Complex Social, Emotional, and Behavioral Needs?

In many places, the *appropriate* inclusion of students with emotional/behavioral disorders (E/BD) will require major changes in the ways schools are organized. These changes must take place along two distinct paths. First, schools must expand their capacity to serve students with increasingly complex social, emotional, and behavioral needs. Necessary signposts on this path include vision building, restructuring the roles and functions of faculty, collaboration with families and community agencies, and ongoing staff training to enhance curriculum development and instructional strategies. Second, schools must have a process for meeting the individualized needs of students with E/BD. To do this, they must determine the appropriate educational supports necessary to meet those needs and wrap those supports around students, teachers, and families (Knitzer, Steinberg, & Fleisch, 1990). Both paths are necessary to serve students at risk for behavioral disorders and those with identified needs.

We have synthesized research and practice from both the effective schools literature in general and the literature on effective practices for students with E/BD in particular to form a four-phase process (see Figure 1). The process was developed to help school systems educate students with increasingly more complex social, emotional, and behavioral needs by creating a framework designed to address the broad question: How should schools prepare for effectively including students with E/BD? In the context of this process, we also raise a number of more specific questions:

FIGURE 1
A Process for Enhancing School Capacity to Educate School-Age Youth with E/BD in Inclusive Schools

Phase 1:	Gain School and Community Support and Commitment for Inclusion
Phase 2:	Develop School-Wide Organizational Structures That Support Inclusion
Phase 3:	Design and Deliver Classroom-Based Instruction to Support Inclusion
Phase 4:	Evaluate Program Effectiveness

- What should the vision of an inclusive school be?
- What goals should be sought for our students?
- What additional aspects of the curriculum should be included in elementary and secondary programs?
- How would an effective inclusive elementary or secondary school be structured so that students with E/BD receive an appropriate education?
- What instructional practices are most effective in educating children and adolescents with E/BD in inclusive schools?
- How should schools prepare for effectively including students with E/BD?

Phase 1: Gain School and Community Support and Commitment for Inclusion

Step 1: Gain administrative commitment and support from leadership.

Including students who have historically been excluded initially requires school administrators to make a formal commitment to support change in the educational system. White (1994) has suggested four specific commitments:

1. To the concept for the long term.
2. To change from isolation to collaboration, turf to shared responsibility, and learned separation to teaming.
3. To clear, long-term planning founded upon acquiring support from administration, faculty, and parents; providing ongoing staff development; and specific timelines for showing growth in outcomes and resource allocation.
4. To acquiring the necessary resources.

Without these commitments there is a good chance that efforts to include students with E/BD will be met with resistance and ultimately lead to unsuccessful experiences for everyone involved in the process.

It is widely accepted that strong leadership plays a central role in any effective school. In restructuring schools, leadership serves as the foundation upon which all other innovations are built (Servatius, Fellows, & Kelly, 1992). While leadership is the primary role of the principal or building administrator, there must be effective leadership at *all* levels of the school, district, and community, if significant and durable changes are going to occur. During this initial phase, school and community leaders must make an active commitment to the change process. Thereafter, leadership must ensure that supports for inclusion are available to students, families, and students.

Step 2: Organize a district-wide inclusion planning team.

Once the commitment to change has been secured, a district-wide inclusion planning team or task force should be created (Cheney, 1994; Guetzloe, 1994). Guetzloe (1994) has suggested the team consist of teachers, administrators, social workers, psychologists, parents, government leaders, representatives from community agencies who will be providing services to students with E/BD, and members of the business community. This planning team has a number of important functions and tasks to accomplish, including

- Delineation of a philosophy, a mission statement, and the goals to guide program development.
- Review and evaluation of district policies, procedures, and resources.
- Assessment of the education and training needs of teachers, support staff, administrators, and families.
- Development of an evaluation system to monitor the effectiveness of the program. (Guetzloe, 1994; Lewis & Bello, 1993)

Step 3: Develop a vision for inclusion and translate the vision into a mission statement, program goals, curricular enhancements, and an action plan.

During the initial stages of the change process, the team should focus its efforts on creating a vision for inclusion and translating that vision into a mission statement, program goals, and action plans. Cheney (1994) recommends that the collaborative process bring educators, mental health professionals, and families together to address attitudes, skills, and knowledge for working with students with E/BD. Sufficient time and opportunities must be provided for all members of the school community to come to consensus on these important areas. All stakeholders must have an opportunity to discuss their beliefs in nonthreatening ways and to gain accurate information on educating students with behavior problems. Belief systems based on stereotypes and generalizations must be challenged and reshaped. Finally, identifying the behavioral standards or expectations that teachers and families hold for students is critical in the process of including students with E/BD in general education classrooms (Muscott & Bond, 1986; Walker & Rankin, 1983).

Deal (1987) has noted that because old visions are often diametrically opposed to new ones, major changes that reflect current conditions in education are often necessary. According to Deal, the solution lies in creating opportunities that allow schools "to heal the wounds and repair ruptured meaning (through transition rituals which) bury and mourn what has been lost, and then to celebrate the new forms that begin to emerge" (p. 8). Some school districts have been successful using this strategy (see Keenan, 1993). And some who have attempted to include students with E/BD without developing a clear vision for inclusion or providing adequate time and opportunity for consensus on such a vision to develop have failed.

What should our vision of an inclusive school be? Visions should be based on values and an accurate knowledge base of the best of what is currently known. While space does not permit a full exploration of all the values and studies that can be used to create effective inclusive schools for this difficult to serve population of students and those who work alongside them, we will provide a short overview of core values which might support the appropriate inclusion of students with E/BD in local schools. These values are based on the work of Brendtro, Brokenleg, and Van Bockern (1990), Hobbs (1973), and Wolins and Wozner (1982).

In a powerful book entitled, *Reclaiming Youth at Risk: Our Hope for the Future*, Brendtro et al. (1990) outline a program designed to help heal

the wounds of alienated and troubled children and youth by creating a reclaiming environment in which they can grow. Citing the work of Wolins and Wozner (1982), the authors describe the features of an environment designed to create changes that meet the needs of both the young person with troubled and troubling behavior and the society in which he or she lives. Designed to meet basic human needs, the aspects of a reclaiming environment outlined by Wolins and Wozner include

1. Being part of a supportive setting rather than being lost in a depersonalized bureaucracy.
2. Meeting one's needs for mastery.
3. Involving youth in determining their own future while recognizing society's need to control harmful behavior.
4. Expecting youth to be care givers, not just helpless recipients overly dependent on the care of adults.

More than 25 years ago, Nicholas Hobbs (1973) designed Project Re-ED as a model for reeducating emotionally disturbed children. As an alternative to the prevailing psychoanalytic approach to the treatment of disturbed children and youth, Project Re-ED was based on teaching rather than treatment, mental health rather than mental illness, and learning rather than personality reorganization (Newman, 1992). Twelve principles guide the reeducational process designed by Hobbs. Gable and colleagues identify the principles as:

1. Life is to be lived now.
2. Trust between the child and adult is essential.
3. Competence makes a difference.
4. Time is an ally.
5. Self-control can be taught and children and adolescents helped to manage their own behavior.
6. The cognitive competence of children and adolescents can be enhanced.
7. Feelings should be nurtured, shared, controlled when necessary, expressed, and explored with trusted others.
8. The group is important to young people; it can be a major source of instruction.
9. Ceremony and ritual give order, stability, and confidence.
10. The body is an armature to the self.
11. Communities are important.
12. A child should know joy each day and look forward to some joyous event for the morrow. (Gable, Hendrickson, Lewis, Rutherford, & Kerr, 1993)

Because these principles incorporate time-honored beliefs and knowledge concerning students with E/BD, they represent an effective starting point for constructive dialogue during a school's vision-building process.

Once an overall vision has been developed, a shorter mission statement which identifies key components in the vision should be written. Based on the beliefs just identified, a mission statement for an inclusive school that serves students with E/BD might include five broad ideals: (a) educating every student in the district using the best practices in the field; (b) accepting ownership for the education of all students; (c) supporting all students, families, and educators by meeting their needs for mastery, belonging, independence, and altruism; (d) working collaboratively with families and community-based agencies; and (e) providing a holistic curriculum that includes social/emotional, moral, and physical development as well as the development of personal responsibility, self-control, and academic skills.

What goals should be sought for our students? National goals for the education of students with E/BD have recently been developed for the U.S. Department of Education by the Chesapeake Institute (1994). The seven goals outlined in a report entitled, *National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbance (SED)*, were developed as targets and include

1. Expanding positive learning opportunities and results.
2. Strengthening school and community capacity to serve students in the least restrictive environment.
3. Valuing and addressing diversity.
4. Collaborating with families.
5. Promoting culturally appropriate assessment that is functional and ethical.
6. Providing ongoing skill development and support for all who work children and youth with and at-risk of developing SED.
7. Creating comprehensive and collaborative systems of service built around individual needs of students.

The Council for Children with Behavioral Disorders (CCBD) recently sponsored two working forums on inclusion in which practitioners, family members, and teacher educators gathered to share professional experiences and research (see Bullock & Gable, 1994 a & b). During these deliberations, one group of teachers, vice principals, principals, special education supervisors, psychologists, and teacher educators from eight states identified various ways to provide an education for students with E/BD within an inclusive environment (see Muscott, 1994). These included

- Maximizing the ability of E/BD students to experience success in both school and community settings by providing supports for students, staff, and families.
- Creating full service schools with an ever increasing capacity to more effectively serve students through wraparound services and continued staff development and training activities that utilize the best practices in the field.
- Creating a school culture in which all students, including those with E/BD, are valued members of the school community.
- Focusing on the improvement of knowledge, attitudes, and skills in all areas of functioning (academic, vocational, social and behavioral.
- Focusing on collaboration among all involved parties.

Both the national goals developed by the Chesapeake Institute and those developed by practitioners would be appropriate for schools to consider when developing their own program goals.

The final aspect of this first phase of the process involves translating all this information into action plans that delineate who is responsible for completing each set of activities related to each goal by which due date. While visions, mission statements, and school-wide goals will inevitably vary from school to school, any steps outlined in action plans should be realistic and founded on current knowledge about all the learners in the school system. Schools should not bite off more than they can successfully chew. The "size of the bite" is as important to system change as it is to effective teaching. These steps in transforming vision into action are consistent with those developed for effective schools by Shieve and Schoenheit (1987) and outlined by Chance and Grady (1990).

Phase 2: Develop School-Wide Organizational Structures That Support Inclusion

How would effective inclusive elementary and secondary schools be structured so that students with E/BD receive an appropriate education?

We contend that the second phase of a process designed to enhance school capacity should involve conceptualizing and reorganizing school-wide structures that have the potential to support the vision of inclusion developed for the school. As Lewis et al. (1994) note, success in the

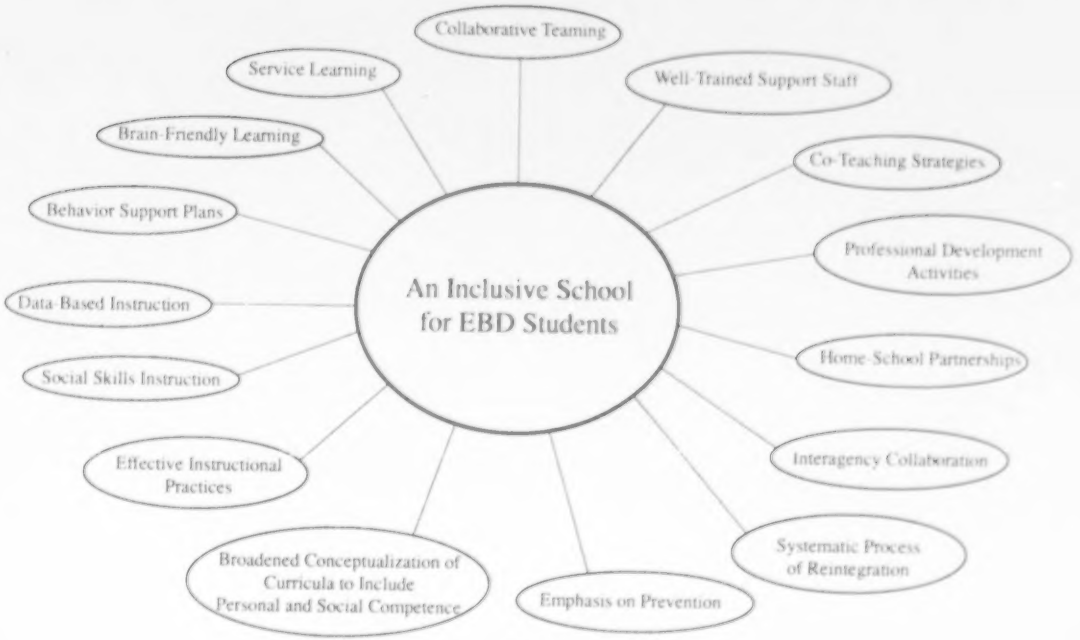
mainstream will be contingent on "developing a systematic building-wide approach to deal proactively with all students who present challenging behaviors" (p. 285). A growing body of knowledge and experience suggests there are both organizational structures and classroom-based instructional strategies that can be used in a comprehensive approach to meeting the needs of students with E/BD (see Figure 2). Component structures that can support this effort include collaborative teaming, well trained support staff, coteaching strategies, professional staff development activities, home-school partnerships, interagency collaboration, and a systematic reintegration process for students returning to a general education setting from more restrictive placements. These structural changes in the way schools are organized will no doubt require a redefinition of all professional roles and responsibilities at the building level.

Realistically, not every school and community will have the resources and capacity to fully include every student with E/BD. Similarly, not every student with E/BD will require *all* of the structural components described in the following paragraphs to succeed in general education settings. The complexity of each student's needs and their school's and home's capacity to support them will significantly impact the number and types of structures and interventions needed to support an inclusive placement.

Collaborative teaming. Especially critical in the effort to improve services to students with E/BD is active collaborative teaming (Gable, 1994) and a commitment to the goal of addressing the academic, emotional, social, and behavioral needs of students on a proactive basis (Bullock & Gable, 1994b). Villa and Thousand (1992) outline the essential elements of effective teaming as including common goals, shared beliefs in the uniqueness and expertise of all team members, equal validation of input from team members, distributed leadership, and face-to-face interactions that produce positive interdependence. Effective teaming requires an examination of interpersonal dynamics and a redefinition of professional roles and responsibilities.

A variety of collaborative arrangements hold promise as ways for schools to include students with E/BD. These include (a) classroom-level teams comprised of teachers (general and special), instructional assistants, mental health professionals and other related service providers; (b) single-grade- or multigrade-level teams of teachers and support staff; and (c) school-based mainstream assistance teams (Chalfant & Pysh, 1989) comprised of both classroom personnel and other school professionals such as administrators, the school nurse, school psychologists,

Figure 2
School-Wide Structures and Classroom-Based Practices That Effectively Support the Inclusion of Students with E/BD



and school counselors. Having collaborative team members remain with the team as long as possible both allows them to get to know the student(s) and provides consistency across interventions. Families should also be involved in the collaborative process with the applicable teams.

The role of each of these teams will vary. For example, the classroom-level team focuses on the management of behavior within the context of the ongoing curriculum and instructional program. The grade-level or content-area team works to facilitate success across the curriculum while providing support and back-up to the classroom teachers, as needed. The school-based teacher assistance team is available to assist teachers with difficult cases and situations that require the expertise and resources of a range of school personnel including administrators. Collaborative practices that teams can employ include behavioral consultation (Fuchs et al., 1990; Fuchs, Fuchs, Fernstrom, & Hohn, 1991), collaborative consultation (Friend & Cook, 1990), or peer collaboration (Aldinger, Warger, & Eavy, 1991; Pugach & Johnson, 1988). Regardless of the form collaboration takes, if teams are to provide the necessary support for students, family members, and staff, schools must create a physical space (e.g., a conference or planning room) and time to enable teams to *meet regularly and frequently*. It is also advisable that at least one person be designated a "case manager," who is aware of the total program for the student with E/BD. This person also serves as an advocate for the child through the various systems and is available to the student whenever necessary.

The special educator's role in the collaborative teaming process needs to be one of a broader change agent rather than simply a direct service provider to a relatively small number of students whose emotional and behavioral problems are most severe. We believe that special educators need to (a) model appropriate and effective instructional practices for students with E/BD; (b) influence the expansion of attention and commitment on the part of regular education to embrace a broader array of educational outcomes; and (c) encourage and facilitate the school's commitment and preparedness to plan and deliver positively oriented curricula, instruction, and other support services.

Well trained support staff. The number and type of support staff necessary to effectively include a student with E/BD will vary, depending upon the needs of the student, the needs and number of the other students in the class, and the skills of the classroom teacher. Furthermore, a successful inclusive school must have access to competent mental health professionals (e.g., social workers, school psychologists, and behavior specialists) and well trained instructional assistants on the school-based

team (Knitzer, 1993). Staff members with specific expertise and experience in the area of E/BD are essential if schools are to enlarge their capacity to serve students with increasingly complex social, emotional, and behavioral needs. The contributions of a competent support staff is well documented by Keenan, McLaughlin, and Denton (1994) in describing how a behavior specialist helped manage the behavior of students with E/BD as well as at-risk students in an inclusive middle school.

Increasingly, teacher assistants or paraprofessionals are being used to support behavioral and academic programming for students with E/BD. While some of these assistants have training and experience with students with complex behavioral needs, most do not. Under these circumstances, both specialized training and the opportunity to observe effective programs in practice are essential. Martella and colleagues describe a 7-step procedure, designed to teach instructional assistants to decrease problem behaviors in the classroom, that appears to have strong validity (Martella, Marchand-Martella, Miller, Young, & MacFarlane, 1995). In general, we suggest active rather than passive training, based on the principles of structured learning developed by Goldstein and Glick (1987). In this approach demonstration, modeling, performance feedback, and generalization activities are provided.

Coteaching strategies. Students with E/BD may also benefit from instructional programs in which general and special educators and other support staff coteach (Warger & Rutherford, 1993). Coteaching refers to the collaboration between general and regular educators who plan, teach, and evaluate instruction together. Multiple staff members, available to model interpersonal problem solving, conflict resolution, and cognitive self-talk, can provide back-up and support during planned instruction.

Coteaching strategies increase opportunities for collecting data, monitoring student progress, and providing respite for teachers when difficult student situations arise. We refer interested readers to the Summer 1993 issue of the journal *Preventing School Failure* (Volume 37, Number 4) for an excellent review of coteaching strategies and their implications for the merger of general and special education programs.

Continuous professional development activities. A knowledgeable and competent staff of educators and other professionals is required to provide positive learning opportunities to students with E/BD. Staff development activities help replenish both the skills and energy of service providers and families (Cheney, 1994; Harvey, 1994; Keenan et al., 1994; McLaughlin, Leone, Warren, & Schofield, 1994). Staff working with stu-

dents with E/BD must have current knowledge of appropriate academic interventions, behavioral interventions, social skills curricula, and generalization strategies. Training in effective strategies for avoiding counteraggressive responses to aggression is critical to program success (Muscott, 1995; Wood & Long, 1991). Staff also need in-service training in a variety of other areas such as, but not limited to, the field of learning disabilities, technology, social services, medication, and collaborative team building. When developing training activities, staff should be surveyed both informally and through needs assessments to determine their exact training needs.

Effective professional development is interactive, collaboratively planned and organized at the program level, and continuous rather than intermittent in format. "One shot" workshops may be a useful beginning, but they are relatively ineffective if follow-up is not provided. Training that occurs in schools with teams who naturally work together has the potential to promote successful inclusion. A number of general training programs designed to facilitate inclusive practices and collaboration are currently available for use by schools (see Bradley & Tessier-Switlick, 1989; Fox & Williams, 1991; Thousand, Nevin-Parta, & Fox, 1987).

Two federally funded, school-wide intervention projects that utilize collaborative practices to facilitate professional development deserve special mention. Sugai and Horner (1995) describe a project designed to support students with E/BD and nonidentified students with challenging behaviors in inclusive schools by using individual behavior-support plans; multi-element, empirically validated interventions (e.g., functional analysis, social skills interventions); and ongoing technical assistance to classroom teachers. Sugai and Horner designed the project to develop, implement, evaluate, and disseminate systems of effective and positive behavioral support that typical schools can employ to reduce problem behaviors for all elementary- and middle-school-age students including students with disabilities. Special emphasis, however, was placed on helping schools support students who display severe problem behaviors such as aggression, property destruction, self-injury, disruptions, verbal threats, theft, intimidation, academic failure, and truancy. The uniqueness of the project lies in the integration of effective individualized procedures with broader school-wide systems to achieve "do-able" strategies that can be implemented efficiently across classrooms, settings, and individuals. The overall goal is to decrease the antisocial and destructive behavior of students by increasing the school's capacity to provide effective behavior interventions and support to educators and students.

According to Sugai and Horner (1995), training and demonstration activities have focused on the development and study of behavioral sup-

port systems in eight elementary and middle schools in Oregon. Two different collaborative training approaches were created. In one approach (used in three schools) project staff provide ongoing support to building teams comprised of teachers and administrators who implement (a) school-wide discipline systems, (b) specific setting systems, and (c) individual student behavioral systems. The second approach involves having the five other schools send teams of teachers and administrators to participate in a formal weekly course at the University of Oregon. The course provides advanced training content and offers opportunities for teams to plan and organize how basic structures of behavioral support will be developed, implemented, adjusted, and maintained in their schools. Preliminary results of the project are encouraging.

Another collaborative professional development model designed to enhance teachers' attitudes, knowledge, and skills with regard to the inclusion of students with E/BD has been developed by Shapiro (1994) and his colleagues at Lehigh University. Twenty-four school districts across Pennsylvania are participating in the 3-year demonstration project. Each school has identified a team of three staff members (general educator, special educator, and support person) who then develop and implement interventions designed to support students with E/BD in general education classes. In-service training and ongoing school-based collaboration in the use of four instructional practices—self-management, peer-mediated interventions, social skills training, and progress monitoring—are provided by project staff. Preliminary results indicate that building staff report more positive attitudes toward inclusion and also show increased knowledge of practices that facilitate inclusion.

Home-School partnerships. Because many students with E/BD display significant behavior problems at home and school, it is important to involve families in the overall educational program. While schools can have positive impact without parental involvement, they can have an even more positive and more durable impact on students with E/BD with a meaningful home-school partnership. Common sense indicates that schools should make a concerted effort to involve parents in their child's educational program (Simpson, 1988). Even so, many parents of students with E/BD need special support to participate in the life of the school and help facilitate positive behavioral changes in their children.

Parent development programs should include training in areas related to parenting skills, collaboration skills, and behavior management as well as information regarding school-based and community-based services. Parents should be actively involved in determining their need for training and for providing training to other parents and school person-

nel. Establishing effective home-school partnerships recognizes that both parties in the partnership have knowledge that can benefit each other. While the investment of time in establishing partnerships between schools and homes is substantial, the potential for positive outcomes is likewise considerable. The benefits to students with E/BD, their parents, and schools are of such magnitude that the effort is worthwhile.

Interagency collaboration. Because many factors both within and beyond the school affect a student's emotional and behavioral growth and stability, the responsibility for providing services shifts from schools alone to many individuals and service providers. Addressing the needs of students with E/BD often requires the active participation of a variety of caregivers from diverse disciplines—educators, psychologists, social workers, psychiatrists, vocational rehabilitation counselors, juvenile justice workers. These individuals may be affiliated with a wide spectrum of service agencies and providers: education, corrections, mental health, social services, health, vocational rehabilitation.

More often than not, however, each individual agency and each professional assigned to a specific student works alone, without the benefit of coordination or collaboration. Fragmentation and compartmentalization of services and a lack of coordination seem to be the rule insofar as services to students with E/BD is concerned. Yet to meet the needs of students with E/BD, a comprehensive array of services among agencies and professionals must be developed that maximizes resources and focuses services (Knitzer, 1993; Nelson & Pearson, 1991). These linkages should be proactive and continuous. Collaborative linkages between school staff and personnel from community-based programs in mental health clinics; social service agencies; and the Division for Children, Youth and Family Services (DCYF) may mean the difference between successful inclusion and failure for many students (Pearson & Nelson, 1993).

Promising preliminary findings from an interagency wraparound model called Project CONNECT were recently reported by Polsgrove, Skiba, and Jackson (1994). Outcomes included both reductions in costs associated with services and more inclusive placements for students with E/BD. Knitzer et al. (1990) provide additional examples of innovative partnerships between mental health agencies and schools. Nelson and Pearson (1991) offer insights into the problems often encountered at the system, agency, professional, individual, and case management level as well as accounts of multiagency collaborative efforts currently being field-tested throughout the country.

A systematic process of reintegration. The success of special education programs is often measured by the extent to which academic and

behavioral improvements generalize, or transfer, from a special education setting to other places and people (e.g., general education mainstream settings, general education teachers). The reintegration of students with E/BD, particularly those with a history of violent and aggressive behaviors, may be met by a significant amount of resistance from administrators, teachers, parents, and even students themselves. Given the complexity of the problem and its central relationship to the overall success of the educational program for a student with E/BD, schools must give priority to systematic planning for generalization and the reintegration of these students into inclusive educational environments.

Models of service delivery that are based on effective practices and include a generalization component show promise for facilitating the process of inclusion for students with E/BD (Lewis et al., 1994). Knowledge of the reintegration process has increased dramatically in the last decade or so with the emergence of a number of promising practices that facilitate generalization (see, for example, Braaten, 1980; Callahan, Gustafson, & Cancio, 1993; Fuchs et al., 1991; Muscott & Bond, 1986). Self-management procedures, peer reprogramming techniques, and academic strategy training are among the promising approaches to promoting generalization (Morgan & Jenson, 1988).

Components of effective reintegration programs share several common elements. These include preparing teachers, students, and systems prior to the change of placement, during the critical transition period, and for some time thereafter. Callahan et al. (1993), for example, have described a practical 4-step process for reintegration. The steps are long-range planning and preparation, immediate preparation, initiating reintegration, and follow-up and evaluation. During the long-range planning stage, exit criteria for the student are developed, interventions focusing on mainstream expectations and generalization strategies are highlighted, data collection procedures are instituted, and progress on reintegration goals is monitored at IEP meetings. During the immediate preparation phase, notification is provided, potential general education classrooms are identified, teacher expectations for academic and behavioral skills are identified, and the placement is determined based on a good fit between the student and receiving teacher and environment. Thereafter, the teacher and student are prepared in individual meetings.

During the initiation phase, meetings between the student and teacher take place to discuss expectations, review needed supports, and develop a beginning relationship prior to reintegration. Reintegration then pro-

ceeds one class, period, or subject at a time. During the final stage, follow-up activities include maintaining communication between programs, collection of assessment information, and periodic meetings with staff and parents to monitor progress and consider changes or modifications in the program or reintegration experiences.

Phase 3: Design and Deliver Classroom-Based Instruction to Support Inclusion

What instructional practices are most effective in educating children and adolescents with E/BD in inclusive schools?

Once both the vision and the organizational structures for inclusive education are in place, effective schools turn to the task of ensuring that educators are familiar and competent in using the most effective instructional practices available. While what is known about meeting the needs of students with E/BD may be far less than what is not known (Cullinan, Epstein, & Lloyd, 1991), still some knowledge does exist about quality service delivery and programming for these students (The Peacock Hill Working Group, 1991). In this section, we provide a brief overview of promising classroom-based interventions. These include an emphasis on prevention, the use of effective instructional procedures, broadening the curriculum, social skills instruction, data-based instruction, behavior support plans, brain friendly learning, service learning, and sustained intervention efforts. While we have chosen to highlight primarily empirically validated practices, our list is not exhaustive. Furthermore, we do not suggest that *all students* with E/BD require teachers to implement *every* practice or curricular enhancement outlined here. Rather, our intention is to communicate our belief that if schools are to enhance their potential for serving increasing numbers of students with E/BD in inclusive classrooms, then educators must increase their knowledge of effective instructional practices. Decisions about which specific practices might be implemented for any given student should always be individually determined and delivered with an understanding of both the art and science of effective teaching.

Emphasize prevention. A school's response to students with E/BD is highly varied. Behavior management systems often are implemented where the consequences for misbehavior are emphasized over the

consequences for appropriate behavior (Knitzer, et al., 1990). In some instances, schools provide counseling in an effort to improve student behavior. Rules and regulations governing student behavior are clarified and emphasized. These responses often tend to be reactive and reductive in nature; however, they occur only when the behavior problems have reached the high intensity, chronic stage. Their purpose is to decrease or eliminate the problematic behavioral patterns, as opposed to teaching new and more adaptive ways of behaving. Control and containment often seem to be a school's primary response in dealing with students who have emotional, psychological, social, and behavior problems (Knitzer, et al. 1990; The Peacock Hill Working Group, 1991).

Positive learning opportunities for students with E/BD must be implemented on a proactive, preventive basis. This means that school personnel, parents, and community agencies must realize that it is more effective and more successful to increase new adaptive behaviors through positive, educative approaches than it is to decrease maladaptive behaviors through reductive approaches. For example, research indicates that how teachers manage classrooms and student behavior is a key to how much learning occurs. The teacher who effectively manages classrooms acts much more than he or she reacts (Brophy, 1986). How teachers prevent misbehavior is a more important determinant of classroom management skills than how they deal with problems after they occur (Good & Brophy, 1987). Although it is important for teachers to know how to respond to misbehavior, research on teacher effectiveness suggests that establishing and maintaining a productive and positive learning environment can reduce the frequency and magnitude with which disruptive behavior occurs (Gettinger, 1988; Hawkins, Doueck, & Lishner, 1988). Positive teacher-student relationships are also an important component of effective teaching; students work harder when they "like" their teacher. In fact, students with E/BD are more likely to remain in school if they feel connected to one or more of their teachers (e.g., Cavin, 1994).

Broaden the conceptualization of curricula. If the needs of students with E/BD in inclusive schools are to be met, a rethinking of curricula may also be necessary. We believe this should be predicated both on a broader conceptualization of goals and outcomes for students than those to which schools have become accustomed and on a needs-based approach to curriculum development. Specifically, broadening the conceptualization of curricula will involve identifying emotional, behavioral, psychological, and social goals as priority outcomes for all students. In examining these broader outcomes, it is not enough simply to define

personal and social competence in terms of the rubric sometimes ascribed to behaviorally oriented management programs—that is, how to "be still, be quiet, be docile" (Winnett & Winkler, 1972). To be successful in today's fast-changing world, students need a range of knowledge, attitudes, and skills that require a broad range of curricular goals. For example, the following areas represent the conceptual framework of a curriculum that promotes personal and social development among all students, including those with E/BD:

- Problem solving, negotiating, and compromising.
- Coping and stress-management strategies.
- Awareness and ability to resist negative influences of peer pressure.
- Awareness and ability to resist alcohol, tobacco, and other drugs.
- Positive self-esteem.
- Alternatives to aggression and violence.
- Empathetic awareness of the needs of others.
- Commitment to health and healthy lifestyles.

Developing a curriculum to meet the needs of students with E/BD in general education classrooms often is problematic because general and special education operate from different perspectives (Cessna & Adams, 1993). General educators develop curriculum for groups of students, based on a scope and sequence of particular content area skills and/or information. In contrast, special educators are trained to develop curriculum based on the individual needs of students. Cessna and her colleagues advocate an "expanded curriculum" which allows teachers to discuss both the individual and the group and to dialogue about both students' needs and curriculum (Cessna & Adams, 1993; Neel & Cessna, 1993). The goal is to develop an expanded curriculum that will effectively meet the needs of individual students as well as the larger group and that can be integrated with the more traditional curriculum of the inclusive classroom. For students with E/BD, Cessna and Adams suggest that the curriculum contain three strands:

1. Differentiated Academic Curriculum. Composed of curriculum taught to all general education students with the addition of accommodations and modifications to meet specific needs.
2. Life Skills Curriculum. Involves managing community activities, employment and the student's everyday environment.
3. Developmental Compensatory Curriculum. Targets skills needed to compensate for the student's disability (e.g., social skills, self-management skills, cognitive problem solving, anger control; Life Space Interview). (Cessna & Adams, 1993)

The Developmental Compensatory Curriculum strand is perhaps the most critical for students with E/BD. Students with E/BD differ from students with other disabilities in that they often create their own curriculum (Neel & Cessna, 1993). That is, their problem behaviors and emotional outbursts become the "curriculum of the moment," regardless of whether the academic content is math, reading, or some other subject. In most instances, the teacher deals with these situations in the classroom. There are times, though, when the intervention goes beyond the classroom, and a so-called "Crisis Intervention Team" may become involved. There is reason to believe that a Crisis Intervention Teams can help students to deal with their problems by teaching problem solving, anger control, and/or self-management skills. Teachers may also benefit from the team by learning how to manipulate antecedent events and how to respond to the student during difficult situations (Meadows & Ellis, 1994).

Use effective instructional practices. The use of empirically validated strategies applies, perhaps first and foremost, to classroom instruction. Research on classroom teaching has focused on identifying classroom management and instructional strategies that promote student achievement. The accumulated research (see for example, Algozzine & Ysseldyke, 1992; Englert, Tarrant, & Mariage, 1992) indicates that students achieve more in classrooms and schools where

1. There is an obvious instructional focus and ample time is committed to teaching.
2. Teachers actively teach content by demonstrating the concepts and skills to be learned, providing plenty of practice opportunities, monitoring student performance, and giving feedback.
3. Students display high levels of engagement with the instructional tasks and experience high rates of success.
4. A pervasive positive expectation that students will learn is conveyed by all those involved with the instructional program.

Teachers who provide an organized, structured, task-oriented, emotionally warm and supportive learning environment usually realize higher achievement and better behavior from their students.

Caution should be exercised, however, before assuming that the effective teaching research is directly applicable to teaching students with E/BD (Kauffman & Wong, 1991). Much of the research has been conducted in regular classroom settings that did not include students with significant behavior problems. We can only conjecture that the findings may have been different if teachers had to contend with a classroom full of students with behavior problems. In the words of Kauffman and Wong

(1991), it may be that effective teaching of students with E/BD "almost certainly requires a more extensive repertoire of instructional and management procedures than that exhibited by most good teachers of children without severe behavior problems in addition to greater perseverance in the face of failure" (p. 233).

Social skills instruction. Social skills instruction is a critical component of an expanded curriculum for students with E/BD. It may be argued that students with E/BD need comprehensive and direct instruction as well as reinforcement strategies in order to learn and use prosocial skills. While this is undoubtedly true, researchers have also pointed out that even when some children received social skills training, they did not improve in sociometric status or in the quality of interpersonal relations (Melloy, 1991; Schloss, Schloss, Wood, & Kiehl, 1986). It is likely that, to increase the possibility of generalization, students with E/BD need to learn and practice social skills informally, in less structured environments, and through interactions with their peers. However, students with E/BD generally have fewer interactions with their peers and therefore fewer opportunities to learn and demonstrate their social skills in informal settings. These children may actually begin school on unequal footing with their nondisabled peers (Lloyd, Kauffman, & Kupersmidt, 1988), and, once they get to school, teachers often play a more intrusive role in their lives (Neel, Cheney, Meadows, & Gelhar, 1992).

The complexity of social skills instruction with E/BD students emphasizes the fact that instructing social competency is not an easy task. Teaching social skills requires formal and informal instructional methods as an integral part of the total curriculum. A proliferation of commercially available programs have been developed to teach social skills. In format, most of these formal social skills programs are designed to closely resemble academic instruction (Neel & Cessna, 1993). In content, most address the interrelated issues of (a) affect or feelings, (b) overt behavior, and (c) cognition or thinking.

The Center for Research in Education at the Research Triangle Institute in North Carolina has conducted a systematic investigation of various approaches to developing social competence in students with disabilities. The purposes of this project were to (a) develop a framework to guide professionals in the selection of social skill training programs and (b) carefully describe eight social skills programs generally representative of social skills instruction across age groups (Alberg & Petry, 1993). In response to the lack of clear guidelines for selecting social skills programs, the Center for Research in Education Project developed a resource guide that professionals can use to review programs in

determining which best meet the needs of their students. A checklist for reviewing and evaluating social skill programs also has been developed that addresses factors such as intended student outcomes, implementation requirements, staff training requirements, and evidence of effectiveness. In addition, the resource guide includes a comprehensive annotated bibliography of over 70 social skills programs available for use with students with disabilities, including students with E/BD.

Of particular note are the eight social skills programs selected to represent the array of options available to educators. At the preschool level, *My Friends & Me* (Davis, 1988) and *Play Time/Social Time* (Vanderbilt/Minnesota Social Interaction Project, 1993) were identified. For elementary settings, *Skillstreaming the Elementary Child* (McGinnis & Goldstein, 1984) and *Tribes* (Gibbs, 1987) were chosen. Middle school and junior high school programs selected included *The PREPARE Curriculum* (Goldstein, 1988) and *ACCESS* (Walker, Todis, Holmes, & Horton, 1988). Programs for high school and adult settings were *Learning to Get Along* (Jackson, Jackson, Bennett, Bynum, & Faryna, 1991) and *LCCE: Life Centered Career Education* (Brolin, 1989).

Although informal social skills instruction is difficult to design and implement, it is critical if students with E/BD are to become more socially competent. One model used to develop an informal social skills curriculum is based on the notion of social task (Dodge, 1985; Neel & Meadows, 1991; Neel et al., 1992). Proponents of this approach have hypothesized that social interactions include a specific social context (persons, setting, time frame, general situation), a social outcome or intent (e.g., attention, escape, power, control, affiliation, acceptance), a social task (e.g., dealing with criticism, being provoked, being rejected), and a set of behaviors or social skills.

This model has several implications for teaching social skills informally. First, social skills can be taught in the context of social tasks meaningful to students. For example, if an elementary student has difficulty dealing with being teased by others, new social skills are taught within the context of the social task "dealing with being teased." Second, the teacher is able to teach new social skills that meet students' social outcomes or intents (Neel & Cessna, 1993). For example, after analyzing a series of situations and problem behaviors for a student, the teacher determines that the end result of each problematic situation is that the student is somehow removed from the situation (e.g., sent to the office, sent to timeout). The teacher then hypothesizes that the student's intent is to escape and "escape" becomes the instructional theme for informally instructing the student. The teacher develops an instructional plan us-

ing the social task of "dealing with frustration" or the social outcome of "escape" to informally teach the student new "replacement " social behaviors (Neel & Cessna, 1993; Neel & Meadows, 1991).

A third implication has to do with moving from a self-contained or resource program into the inclusive classroom. In special education classrooms, peer groups for these students have consisted of other students with serious behavior problems. In these settings they also have had more teacher-centered interactions than their peers. As stated by Neel et al. (1992), "At a time when most children have been working out their peer social relationships, students with E/BD seem to have an over-abundance of adult mediated experiences surrounded by a set of poor models. This may partially explain their difficulty in mainstreamed settings where teacher influence is less intrusive and the tasks presented are not similar to those that were practiced in special education" (p. 63).

Data-based instruction. Systematic data-based interventions and the continuous assessment and monitoring of progress were both identified by the Peacock Working Group (1991) as examples of successful strategies for use with students with E/BD. Systematic data-based instruction (Kerr & Nelson, 1989) refers to instruction that is systematically and consistently applied while data are collected to evaluate the effects of that instruction. Continuous assessment and monitoring of progress implies that strategies are regularly employed to collect reliable and valid information on the academic, behavioral, and social components of a student's program. Indeed, the best way to guarantee that students receive effective instruction is to systematically and continuously evaluate their performance and make instructional decisions based on an analysis of those data (Fuchs & Fuchs, 1986). It follows that a primary task for teachers of E/BD students is to find and use a procedure that allows them to collect and graphically display student performance data as efficiently and effectively as possible. One procedure that has proven to be useful for monitoring instruction was developed by Howell and McCollum-Gahley (1986).

Behavior support plans. To comply with federal requirements, it is usually necessary to include a management plan in the IEP for a student with E/BD. Management plans delineate both the behaviors which are necessary for successful school performance and the interventions that will be utilized to help them develop or maintain those behaviors. Sugai (1994) has developed a process for creating, implementing, and evaluating behavior support plans in schools. The planning process and accompanying documents provide practitioners with an effective planning tool for behavior change. The planning process includes (a)

operationally defining the behavior in observable and measurable terms, while identifying antecedents and consequences of the behavior; (b) developing proactive strategies which include teaching social behaviors as academic skills, reinforcing desired or expected behaviors, and developing precorrection responses; and (c) identifying strategies for assessing and managing escalating behavior.

Another useful process for developing a management plan has been developed by Muscott (1987). This 9-step model was designed to translate personal, school, and community values into rules, policies, and interventions across five intervention domains. The model leads teachers through a process of collecting appropriate information in order to develop management plans consistent with their own teaching styles, system values, and the individual needs of their students. Specific plans include elements and interventions in settings, services, relationships, curricula, and instructional strategies.

Finally, staff of Vermont's Best Practices for Educating Students with Emotional Disturbance within Their Local Public Schools and Communities Project has developed a strategy for creating a student support plan for students with challenging behaviors in inclusive settings (Topper, Williams, Leo, Hamilton, & Fox, 1994). In this model, the role of the collaborative student support team at the school building level is emphasized. The planning process helps teams define behavior support plans which facilitate students supporting each other, teachers communicating support to students, and teachers using styles and techniques that may prevent challenging behaviors from escalating.

Brain friendly learning. Some time ago, Hart (1983) synthesized the available research on how the brain works and its implications for human learning. Expanding that work to students with E/BD, Brendtro et al. (1990) outlined the four foundations of brain friendly learning as pattern making, nonthreatening, experiential, and social. "Pattern making" means the brain works to extract meaning from chaos and confusion. According to Bendtro and his colleagues, students with E/BD need experiences that allow their brains to practice this linkage, rather than the "divide, individualize, and conquer" instructional practices that frequently characterize programs for this population of students (see Knitzer et al., 1990). Nonthreatening learning implies that the brain seeks both people and environments that are nurturing, warm, and caring. Threatening environments or people shut the brain down or off completely. Morse (1985) has argued that positive relationships have always been a powerful intervention with students with E/BD. It seems reasonable to argue that educators must provide a safe, structured,

predictable, and nurturing environment by creating respectful and positive relationships with youth and their families in order to be successful with students in any placement.

According to Brendtro et al. (1990), experiential learning is learning that is "active, interesting, and relevant" (p. 75). Programs designed to include students with E/BD must provide curricula and instructional strategies that are culturally, developmentally, and chronologically matched to the interests of the students. Furthermore, Brendtro et al. assert that the brain seeks social learning and social interactions in order to learn best. Peer-mediated strategies would serve this need while also facilitating positive behavioral change. Promising practices that could be implemented in general education classrooms include peer-tutoring, peer-coaching, and peer-monitoring (Kerr & Nelson, 1989).

Service learning. Brendtro et al. (1990) have argued that all students have a basic need for generosity. Students who have been segregated and educated through isolated, independent strategies and service delivery models have often been thwarted in their attempt to meet that need. Even so, students with E/BD may benefit by giving to others through various service learning projects (Brendtro & Ness, 1983). Warger (1995) has called for increasing the opportunities available for students with E/BD to contribute to society through the service learning. The use of students with E/BD as behavior change agents (see Gable, Arllen, & Hendrickson, 1994) holds special promise in this area.

Phase 4: Evaluate Program Effectiveness

Never an easy task, program evaluation becomes especially complex when it involves both general and special educational systems because their perspectives differ on several assessment issues. In general education, it is most often the mean averages of groups of students' performance scores that are used to determine the efficacy of particular programs. Even though individual scores are used to determine the group average, the focus is on the performance of the group and comparisons of similar groups to each another. In contrast, in special education the focus more likely is on the performance of the individual; program success is based on the progress of each student rather than comparing their progress to others.

Another area that warrants careful consideration and may be viewed differently by regular and special educators concerns the types of informal assessment measures used. Although the trend in both general and special education is toward informal assessment, there are major differ-

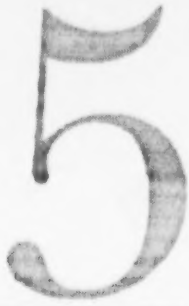
ences when it comes to implementation (McLoughlin & Lewis, 1994). In special education, the focus is on curriculum-based measurement and other forms of curriculum-based assessment; in general education, the focus is on alternative assessment measures, outcome-based assessment, and portfolio assessment (McLoughlin & Lewis, 1994). Although these differences in practices do not pose a major obstacle, they should be considered when developing an overall evaluation plan.

A program evaluation plan should be based on questions that relate to a special project and should be an integral part of the school's program, not just an "add-on" or an option. Assessment questions can serve either a formative purpose, such as helping to improve instruction and learning, or a summative purpose, such as deciding programmatic changes and the continuation or termination of a program (Worthen, Borg, & White, 1993). Formative evaluation occurs during the planning and operational stage and may include such questions as: Have students' individual needs been determined? Have students been matched with appropriate teachers/classrooms? Are accommodations or modifications in curriculum being made? Are students' academic performances satisfactory? Are students' behaviors appropriate?

On the other hand, a summative evaluation is directed at determining the overall quality of the program and program results in light of desired outcomes. It includes such questions as: How many students are being "included"? Are the necessary supports in place to maintain students in general education settings? Once students exit the inclusive program, are they employed? Are they involved in postsecondary or vocational settings? Are (teachers, parents, students) satisfied with the program? How do they rate the program? These questions are offered as examples and are not intended as a definitive list. Each school's questions will differ according to the needs of the program and students.

When developing the evaluation component, schools should also consider that stakeholders from both general and special education are involved in any inclusive program. Therefore, it is important that each stakeholder be represented in the evaluation. Stakeholders may include the special education teacher, the general education teacher, parents, administrator, students with E/BD, general education students, and related services personnel. Each component of the program should be evaluated as well. For example, if a prereferral team is in place, this must be evaluated using formative and summative measures with each stakeholder involved in the evaluation process.

Putting It All Together



What Would It Look Like for a Student?

The 4-phase process just presented is a long-term one that emerges from a school's commitment to change and growth and which includes an assessment component aimed at evaluating the overall success of the innovation. The process we identified was designed to help schools move from a vision of inclusion to a long-range plan that redefines both professional roles and organizational structures. Our plan was also designed to support educators in collaborating with each other, family members, and community agencies while increasing their use of effective classroom-based instructional practices.

Next, we offer two case studies to briefly highlight the process. "Robbie" illustrates how elementary schools can plan and implement effective programs for school-aged children in inclusive environments. The second case study, "Joshua," presents a student requiring wraparound services provided by multiple agencies. This second case does not include a solution. Instead, we ask that you think about how a coordinated plan for inclusion early in his school years might have affected Joshua, especially in regard to reintegrating Joshua into general education.

Case Study #1

Robbie is 9 years old and currently in the third grade. Robbie experienced significant learning and behavior problems from his first experience in preschool, through kindergarten and first grade. He was noncompliant, extremely disruptive, very inattentive, academically deficient and displayed highly aggressive behaviors toward his peers. At the end of first grade, he was referred for evaluation for possible special education services. The multidisciplinary team determined that he met

the criteria for special education under the emotional/behavioral disorders (E/BD) category. The IEP team recommended placement in a special education self-contained classroom for students with E/BD at a cluster school in the district. Robbie spent his second-grade year in this program, which featured a highly structured behavior management program, social skills instruction, intensive academic instruction, frequent communication between the home and the school, and systematically planned opportunities for interaction with nondisabled peers in the cluster school. Robbie's behavior and academic performance improved dramatically during this time, and, at the end of the year, the IEP team determined that Robbie was ready for reintegration in his neighborhood school.

Preparation for Robbie's return began immediately under the coordination of the district's inclusion specialist. The inclusion specialist assembled a small number of people to be part of Robbie's reintegration team: the third grade teacher, the school principal, Robbie's mother, the psychologist from the mental health clinic that provided services to Robbie's school, and the school's resource teacher who would be providing services to Robbie for one hour a day for academic instruction. It was somewhat fortuitous that Robbie's teacher had just completed a district in-service course, taught by the inclusion specialist, that focused on effective instructional practices for students with E/BD in inclusive settings.

The team reviewed the self-contained program strategies that were so successful during Robbie's second grade and developed a plan for adapting those successful strategies for use in the third grade. Accommodations that could be made in the regular classroom to support Robbie's behavioral and academic progress were identified: avoiding placing Robbie under pressure of time or competition; quietly repeating directions to Robbie after they have been given to the class and then having him repeat them to the teacher; using a study carrel when Robbie signals he is becoming frustrated; breaking assignments into a series of smaller assignments. The psychologist from the mental health clinic included Robbie in the social skills class that he ran three times each week. A note-to-home program was established with Robbie's mother, and she indicated that she was planning to continue participation in the parent training course offered every year by the school district. The team also agreed to meet every 2 weeks for the first 3 months of the school year to monitor Robbie's progress, review the effectiveness of the various interventions, and make any necessary program adjustments indicated by the data.

Case Study #2

Joshua is now 14, but he began to have trouble at age 6. Records show that he would exhibit violent behaviors by tearing things up in the house and banging his head against the wall. His destructive behaviors became legend throughout his neighborhood and his school. Although small for his age, he was considered a bully by the other kids and reportedly had no friends. Joshua was referred for special education services when he was 7. He was diagnosed with attention-deficit hyperactivity disorder (ADHD) and depression, received the label "seriously emotionally disturbed," and was placed in a self-contained classroom. He possesses a border-line low IQ and reports that he hears voices that tell him to do bad things. His medication consists of Ritalin and lithium. When Joshua was 9, his mother took him to a local hospital emergency room, where he was violently kicking doors, pounding walls, and threatening to kill staff members. This pattern was repeated several times until he was 11, when he was admitted to Children's Medical Center Psychiatric Ward after repeated threats to kill himself and his mother. There he received treatment for 1 month. His educational placement was then changed to an extended day treatment classroom in a separate school.

Joshua entered the juvenile justice system when he was 10 and was placed on probation because he robbed a variety store with a toy gun. In addition to several thefts, he also attacked a teacher in school. At age 12 Joshua stole a car, was involved in a high speed police chase, and ultimately wrecked the car. He was arrested twice for shoplifting when he was 13. Joshua's family has moved several times, and he has been in three different school districts, all within the same county. Over the years, battles over how to handle Joshua resulted in the breakdown of the family. Family appointments with caseworkers were broken, marital separation occurred, and finally the father pulled away, giving up on his son. To compound the problem and further stress the family, Joshua's mother suffers from severe diabetes. Age 14 at the time we write this, Joshua now lives in a boys home for troubled youth, where he was placed after his last shoplifting conviction. He will remain there at least until his 16th birthday, at which time his case will be reviewed.

Neither the mental health, criminal justice, nor the educational system alone is equipped to handle children like Joshua. These children demand a cooperative effort between various community agencies. When this does not occur, juvenile correction becomes a default placement--there is nowhere else for them to go. The following questions are presented as a springboard for discussion and as a means of applying some of what has been presented in this monograph.

1. In what ways do Joshua and his family "challenge" the educational system? How might these challenges have been met differently in a system that practices and provides ongoing support for inclusion?
2. What types of interagency support systems would be necessary for Joshua, his family, and his teachers if Joshua were reintegrated into his home school?
3. Do Joshua's needs to be educated in an inclusive classroom conflict with the instructional, safety, and security needs of others in the school?

Conclusion

Whatever it is called—mainstreaming, integration, regular education initiative, partial inclusion, full inclusion, or just plain inclusion—the movement toward educating students with disabilities in general education environments is gaining momentum across the country. Today, you cannot pick up a professional special education journal, attend a special education conference or professional development activity, or take a class in special education methods that does not address, at least in some way, the topic of inclusion. It seems that everyone has a position on inclusion. The National Education Association, the American Federation of Teachers, the Council for Exceptional Children, the Association for Persons with Severe Handicaps, Children and Adults with Attention Deficit Disorders, the Council of Administrators of Special Education, the Division for Learning Disabilities, the Council for Children with Behavioral Disorders, and numerous other professional and/or parent organizations have all weighed in with an opinion about inclusion.

Despite the flurry of attention, the philosophical meaning of inclusion and its application at the school and classroom levels are fraught with problems. In this monograph, we have attempted to pull together what we know about inclusion with full realization that our vision is fuzzy and incomplete. Important questions remain unanswered. Some of these include: Is society ready to pay for the increased services necessary to support some students with emotional/behavioral disorders (E/BD) in local schools? What about safety and liability issues? At what point do the needs of the individual to be educated in the LRE conflict with the instructional, safety, and security needs of the rest of the school? Will the elimination of self-contained programs force more students with E/BD to be sent to special schools and residential centers? Will teachers who can effectively educate these students continue to receive disproportionate amounts of them in their classes?

There should be no doubt that the problems and challenges today's schools face are many, significant, and complex. Statistics indicate that the lives of a large number of students are in disarray and that many students are living on the edge of disaster. It is little wonder that the most salient societal problems—poverty, family instability, child abuse, alcohol and drug abuse, teenage pregnancies, violence, gangs, homelessness, runaways, teenage suicide—are linked in the same breath with the most salient school-based problems—disappointing academic and basic skills achievement, breakdown of classroom and school discipline, dropouts, lack of vocational and other life skills. While there is a limit to what schools can accomplish, there appears to be no limit to what is expected of them. Given the complexity of the problems, some have argued that the problems are outstripping the solutions (Norby, Thurlow, Christenson, & Ysseldyke, 1990).

Despite the sobering appraisal of the current situation, knowledge is growing about how to plan and implement effective programs for students with E/BD in inclusive schools. Effective program pieces are available. What is not known yet is whether they can all work together to make a positive and lasting impact on the lives of students with E/BD. Because these students present such challenging behaviors, there are no easy answers. Lasting changes in student behavior require a long-term commitment by the schools, families, and other community agencies involved with students with E/BD to utilize the best strategies available. Embodied in this commitment is the recognition that progress will, at times, be slow and that setbacks are inevitable. Accordingly, those involved in the development, administration, and delivery of programs and services to students with E/BD must be prepared to provide appropriate services over an extended period of time. We concur wholeheartedly with Webber (1993), who urged educators to proceed cautiously with inclusion while gauging its effects carefully. In conclusion, she wrote "Taking care of students with E/BD means advocating, not abdicating; it means being responsible, reflective reformers" (Webber, 1993, p. 5).

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